

Person Preparing Report	Project Financial Officer	Project Manager
_____ Signature	_____ Signature	_____ Signature
_____ Name	_____ Name	_____ Name
_____ Title	_____ Title	_____ Title
_____ Address	_____ Date	_____ Date
_____ City, State, Zip	_____ Telephone Number	_____ Telephone Number
_____ Date		Board of Corrections Use Only
_____ Telephone Number		Approved: _____ Date: _____ Board of Corrections Representative

Instructions

Fill this form out completely, showing the currently approved budgeted amounts for each Budget Category Line Item; the dollar amount being added to or deducted from each

If a design or scope of project modification, or if program evaluation component modifications are being requested, please provide an explanation of the requested modification and the justification for the request.

This form shall be signed by the person preparing the modification request, the Project Financial Officer, and the Project Manager. The form should be submitted in quadruplicate to the Board of Corrections for approval pursuant to the instructions contained in the *Juvenile Crime Enforcement and Accountability Challenge Grant II, Contract Administration Policies and Procedures Manual for Counties*, revised July 2001.

State of California GRANT CONTRACT AMENDMENT REQUEST Form CGII - 003 (Revised 07/01) Juvenile Crime Enforcement and Accountability Grant II (JCE&ACG)	Board of Corrections Corrections Planning and Program Division
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A. County:

Grant Contract Number:

Grant Dates: From / / To / /

Amendment Number:

B. Section of grant contract to be considered for amendment:

C. Justification for amendment:

D. Requested specific contract language:

PERSON PREPARING REPORT

PROJECT FINANCIAL OFFICER

PROJECT MANAGER

Signature

Signature

Signature

Name

Name

Name

Title

Title

Title

Date

Date

Date

() -

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Telephone

Telephone

Telephone

Mail to: Board of Corrections, 600 Bercut Drive
Sacramento, California 95814-0185

Approval: _____ Date: _____
Board of Corrections

1. County: _____
 Address: _____

2. Grant Contract #: _____
 4. Report Period (mm/dd/yy)
 From: _____
 To: _____

3. Invoice #: _____
 5. Modification This Period
☐ Yes ☐ No
 Modification # _____

BUDGET							
LINE ITEMS	A. STATE FUNDS	B. HARD MATCH	C. IN KIND MATCH	D. ANY OTHER MATCH	E. PRIOR EX-PENDITURES	F. THIS PERIOD	G. BALANCE
6. Salaries and Benefits							\$0.00
7. Services and Supplies							\$0.00
8. Professional Services							\$0.00
9. CBO Contracts							\$0.00
10. Administrative Overhead							\$0.00
11. Fixed Assets							\$0.00
12. Other							\$0.00
13. Grand Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RECAP	H. EXPENDITURES TO DATE	I. EXPENDED/CLAIMED THIS PERIOD
14. Hard Match		
15. In Kind Match		
16. Any Other Match		
17. State Funds		
18. Total Expended/Claimed	\$0.00	\$0.00

I certify that this report is accurate and in accordance with Board of Corrections regulations, policies, and procedures. I further certify these are actual expenditures and all funds received from the Board of Corrections are in reimbursement of funds expended for the purpose of liquidating obligations legally incurred for the payment of the state's share of the eligible expenses incurred in the previous quarter, as required under Article 13.A. of Exhibit A of the grant contract.

PERSON PREPARING REPORT	PROJECT FINANCIAL OFFICER	PROJECT MANAGER
Signature _____ Name _____ Title _____ Date _____ Telephone No. _____	Signature _____ Name _____ Title _____ Date _____ Telephone No. _____	Signature _____ Name _____ Title _____ Date _____ Telephone No. _____

Mail To: Board of Corrections
 Sacramento, CA 95814-0185

Approval: _____
 Board of Corrections Representative

Date: _____

JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY CHALLENGE GRANT II

All funded projects are to use this form to prepare their semi-annual progress report. Projects with multiple programs must provide separate information for each component.

A. General Information

County:	Grant Contract Number:
Reporting Period: From To	
Progress Report Number:	

B. Fiscal Overview (Total For All Challenge Grant Programs)

	Grant Funds	Match Funds	Total
1. Total expenditures at the end of this reporting period.			
2. Balance of funds remaining at the end of this reporting period.			
3. Were any individual budget line item changes, under 10%, made during this reporting period?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:			
4. Were any individual budget line item changes, over 10%, made during this reporting period?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, was a Budget/Program Modification (Form CGII - 002) submitted and approved by the BOC?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please identify the modification number and the date approved.	Project Modification Number:	Date Approved:	
If no, please explain:			

C. Personnel Overview

1. Have all grant-funded positions been filled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
2. Are staff, paid with grant funds, performing grant-related duties in proper proportion to the percent of state funds for each position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
3. Are there any current, or anticipated, personnel issues that may impact the project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:		
4. Were any subcontracts or MOU's entered into during this reporting period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, explain:		
5. If yes, have copies been provided to the BOC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		

Note: If you have obtained signed subcontracts or MOU's during this reporting period and have not already provided copies to the BOC, please attach them to this progress report.

D. Community Involvement (counties with multiple locations/programs must report this information separately for each program component).

Program Component Title:

How many new volunteers were selected to participate in the project during this reporting period?

Adult	Juvenile	Total
What was the total number of all volunteers participating in the project during this reporting period?		
How many volunteer hours were recorded during this reporting period?		
How many volunteer hours have been recorded since the start of the Program?		

E. Data Overview (Counties With Multiple Programs Must Report This Information Separately for each Program Component).

Program Component Title:

Program Narrative: Provide a narrative that describes activities and outcomes during the reporting period for each of the following: Program Implementation, Program Administration, and Program Evaluation. Include descriptions of any program modifications made during the reporting period, progress made in achieving program objectives, problems encountered during the reporting period and steps taken to resolve them, and anecdotal or other information on program successes. Also describe major upcoming program events and activities.

1. Program Evaluation Checklist:

Complete the following program evaluation checklist and explain any "yes" responses in the space provided:

With respect to Program Evaluation, we have experienced problems with:

1. Achieving Sample Sizes Targeted for This Point in the Research	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
2. Implementing Planned Approach for Assigning Cases to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
3. Maintaining Confidentiality as to Subjects Being Assigned to Treatment and Comparison Groups	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
4. Implementing Reliable Measures of Operationally Defined Independent and Dependent Variables	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
5. Obtaining Needed Research Assistance and Expertise	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
6. Implementing the Approved Research Design	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
7. Obtaining A Complete Set of Data on Research Subjects	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
8. Obtaining Data on Research Subjects in a Timely Manner	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
9. Being Up to Date on Entering Collected Data into the Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
10. Collecting Common Data Elements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
11. Being on Track with Originally Stated Timelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
12. Other (Describe:)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Elaborate on any "yes" responses.

If you responded "yes" to item #1, indicate the number of research subjects you anticipated having at this point in time.

Treatment Group:
Comparison Group:

F. Case and Outcome Information (Counties with Multiple Programs Must Report This Information Separately for each Program Component.) Complete Tables 1 and 2 and Enclose/E-mail a File with Updated Information for all Common Data Elements.

Table 1: Program Participant, Case Assignment and Case History Information

County:		Program:		Reporting Period ¹ :			
CASE ASSIGNMENT SUMMARY				Treatment		Comparison	
Cases Assigned as of Start of Reporting Period							
New Cases Assigned During Reporting Period							
Total Cases Assigned as of End of Reporting Period							
Projected Total Cases Assigned by End of Next Reporting Period							
Projected Total Cases Assigned by End of Program							
Total Active Cases (i.e., Program Participants) as of Start of Reporting Period							
Total Active Cases (i.e., Program Participants) as of End of Reporting Period							
	As of Start of Reporting Period		During Reporting Period		As of End of Reporting Period		
CASE HISTORY SUMMARY	Treatment	Comparison	Treatment	Comparison	Treatment	Comparison	
Total Cases Who Completed Program Requirements							
Total Cases Who Failed to Complete Program Requirements							
Total Cases Who Dropped Out of Program Through No Fault of Their Own							
Total Cases Assigned to Follow-up Period							
Total Cases Who Completed Follow-up Period							
Total Cases Assigned to <u>Second</u> Follow-up Period							
Total Cases Who Completed <u>Second</u> Follow-up Period							
Total Cases Assigned to <u>Third</u> Follow-up Period							
Total Cases Who Completed <u>Third</u> Follow-up Period							
PROFILE OF PROGRAM PARTICIPANTS (AT ENTRY) (All Cases Cumulative)				Treatment²		Comparison³	
				Number	Percent	Number	Percent
Female							
Male							
601 Ward	Now						
	In Past, But Not Currently						
	Never						
602 Ward	Now						
	In Past, But Not Currently						
	Never						
On Informal Probation	Now						
	In Past, But Not Currently						
	Never						
On Deferred Entry of Judgment (DEJ)	Now						
	In Past, But Not Currently						
	Never						

¹ Reporting Periods: 2/15/2000; 8/15/2000; 2/15/2001; 8/15/2001; 2/15/2002; 8/15/2002; 2/15/2003; 8/15/2003

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information					
CONDUCT DURING PROGRAM (I.E., INTERVENTION PERIOD) ¹ (All Cases [Cumulative])		Treatment ²		Comparison ³	
		Number	Percent	Number	Percent
Wardship/Deferred Entry of Judgment (DEJ) Status at end of Intervention Period	Ward				
	Neither Ward Nor DEJ				
	DEJ				
Completed Formal Probation During Intervention Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During Intervention Period)				
Placed or Continued on Formal Probation for Offense Committed During Intervention Period					
Arrest Resulting in Referral to Probation for Offense Committed During Intervention Period (Include Notices of Violation)					
Petition/Notice of Violation for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During Intervention Period					
Deferred Entry of Judgment Entered into for Criminal Offense Committed During Intervention Period					
Received Institutional Commitment for Offense Committed During Intervention Period					
Completed Payment of Restitution to Victim During Intervention Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During Intervention Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During Intervention Period					
Completed Court-Ordered Work Program/Community Service During Intervention Period	Yes				
	No				
	Does Not Apply (Not Under Court-Order to Complete Work Program/Community Service During the Intervention Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During Intervention Period					

¹ See Common Data Element #'s 44-46, 47, 50, 50a, 54, 56-59.

² Number and Percent of Cases in Treatment Group

³ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information (Continued)					
CONDUCT DURING FOLLOW-UP PERIOD⁴ ([All Cases Cumulative])		Treatment⁵		Comparison⁶	
		Number	Percent	Number	Percent
Wardship/Deferred Entry of Judgment (DEJ) Status at end of Follow-Up Period	Ward				
	Neither Ward Nor DEJ				
	DEJ				
Completed Formal Probation During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During Follow-Up Period)				
Placed or Continued on Formal Probation for Offense Committed During Follow-Up Period					
Arrest Resulting in Referral to Probation for Offense Committed During Follow Up Period (Include Notices of Violation)					
Petition/Notice of Violation for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During Follow-Up Period					
Deferred Entry of Judgment Entered into for Criminal Offense Committed During Follow-Up Period					
Received Institutional Commitment for Offense Committed During Follow-Up Period					
Completed Payment of Restitution Victim During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During Follow-Up Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During Follow-Up Period					
Completed Court-Ordered Work Program/Community Service During Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Under Court Order to Complete Work Program/Community Service During the Follow-Up Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During Follow-Up Period					

⁴ See Common Data Element #'s 68-70, 71, 74, 74a, 78, 80-83

⁵ Number and Percent of Cases in Treatment Group

⁶ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information (Continued)					
CONDUCT DURING <u>SECOND</u> FOLLOW-UP PERIOD ⁷ ([All Cases Cumulative])		Treatment ⁸		Comparison ⁹	
		Number	Percent	Number	Percent
Wardship/Deferred Entry of Judgment (DEJ) Status at end of <u>Second</u> Follow-Up Period	Ward				
	Neither Ward Nor DEJ				
	DEJ				
Completed Formal Probation During <u>Second</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During <u>Second</u> Follow-Up Period)				
Placed or Continued on Formal Probation for Offense Committed During <u>Second</u> Follow-Up Period					
Arrest Resulting in Referral to Probation for Offense Committed During <u>Second</u> Follow Up Period (Include Notices of Violation)					
Petition/Notice of Violation for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During <u>Second</u> Follow-Up Period					
Deferred Entry of Judgment Entered into for Criminal Offense Committed During <u>Second</u> Follow-Up Period					
Received Institutional Commitment for Offense Committed During <u>Second</u> Follow-Up Period					
Completed Payment of Restitution Victim During <u>Second</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During <u>Second</u> Follow-Up Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During <u>Second</u> Follow-Up Period					
Completed Court-Ordered Work Program/Community Service During <u>Second</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Under Court Order to Complete Work Program/Community Service During the <u>Second</u> Follow-Up Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During <u>Second</u> Follow-Up Period					

⁷ See Common Data Element #s 89b, 89c 89d, 89e, 89h, 89i, 89n, 89p, 89q, 89r, 89s

⁸ Number and Percent of Cases in Treatment Group

⁹ Number and Percent of Cases in Comparison Group

Table 2: In-Program and Outcome Information (Continued)					
CONDUCT DURING <u>THIRD</u> FOLLOW-UP PERIOD ¹⁰ ([All Cases Cumulative])		Treatment ¹¹		Comparison ¹²	
		Number	Percent	Number	Percent
Wardship/Deferred Entry of Judgment (DEJ) Status at end of <u>Third</u> Follow-Up Period	Ward				
	Neither Ward Nor DEJ				
	DEJ				
Completed Formal Probation During <u>Third</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not on Formal Probation During <u>Third</u> Follow-Up Period)				
Placed or Continued on Formal Probation for Offense Committed During <u>Third</u> Follow-Up Period					
Arrest Resulting in Referral to Probation for Offense Committed During <u>Third</u> Follow Up Period (Include Notices of Violation)					
Petition/Notice of Violation for Criminal Offense Sustained/Convicted in Adult Court for Offense Committed During <u>Third</u> Follow-Up Period					
Deferred Entry of Judgment Entered into for Criminal Offense Committed During <u>Third</u> Follow-Up Period					
Received Institutional Commitment for Offense Committed During <u>Third</u> Follow-Up Period					
Completed Payment of Restitution Victim During <u>Third</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Obligated to Pay Restitution to Victim During <u>Third</u> Follow-Up Period)				
Ordered by Court to Pay Restitution to Victim for Offense Committed During <u>Third</u> Follow-Up Period					
Completed Court-Ordered Work Program/Community Service During <u>Third</u> Follow-Up Period	Yes				
	No				
	Does Not Apply (Not Under Court Order to Complete Work Program/Community Service During the <u>Third</u> Follow-Up Period)				
Ordered by Court to Complete Work Program/Community Service for Offense Committed During <u>Third</u> Follow-Up Period					

¹⁰See Common Data Element #'s 89v, 89w, 89x, 89y, 89bb, 89cc, 89hh, 89jj, 89kk, 89ll, 89mm

¹¹ Number and Percent of Cases in Treatment Group

¹² Number and Percent of Cases in Comparison Group

G. Information for Other Juveniles Who Have Received Challenge Grant II Services But Are Not Included in The Program Evaluation (i.e., Are Not Included in the Tables in Section F). Counties with Multiple Programs Must Report This Information Separately for Each Program Component

PROGRAM NAME

Total Juveniles Who:	Females	Males	Total
Are Currently Receiving Program Services			
Completed Program Requirements			
Failed to Complete Program Requirements			
Dropped Out of Program Through No Fault of Their Own			

H. Authorized County Signatures

Person Preparing The Report	Project Fiscal Officer	Project Manager
_____	_____	_____
Signature	Signature	Signature
_____	_____	_____
Name	Name	Name
_____	_____	_____
Title	Title	Title
_____	_____	_____
Date	Date	Date
_____	_____	_____
Telephone #	Telephone #	Telephone #

**Mail to: Board of Corrections
Corrections Planning and Programs Division,
600 Bercut Drive
Sacramento, CA 95814-0185 or
FAX to: (916) 445-5796.**

Date Progress Report was received at the BOC: _____

OUTLINE FOR FINAL PROJECT EVALUATION REPORT

Note: This report must meet professional standards for documenting original research. Information presented in the report must be of sufficient detail to permit replication of the program and the research. The report should be in 12-point font, doubled-spaced, with a 1.5 inch margin on the left and a 1 inch margin on the right. Two bound copies should be submitted to the BOC.

- PROJECT SUMMARY (8 Pages Maximum)
 - The Project Summary should be written to serve as a stand-alone document that is “pitched” to the general public. It should contain Summaries of each of the Sections of the Report that follow, and should be written in collaboration with County staff. The summary of the Discussion Section should address each of the five “bullets” listed under the Section.
- INTRODUCTION
 - Theory/Previous Research Underlying Project and Research Hypotheses
- BACKGROUND
 - County-Specific Information In Support of Need
 - County-Specific Information Leading to Project Design
- DESCRIPTION OF THE PROJECT
 - Project Goals/Objectives
 - Clients Served
 - Project Components
 - Service Providers
 - Project Implementation (Including Project Modifications Over Time)
 - Description of Standard Probation Services (or Services Received by Comparison Group)
- HYPOTHESIS TESTING
 - Background Of The Approach To Research
 - Statement Of Hypotheses
 - Methods
 - Sample (including number of cases, timeframe in which selected, method of selection)
 - Design
 - Measures
 - Statistical Analyses

- Results
 - Descriptive Statistics for the Samples
 - Hypothesis Testing Results (restatement of each hypothesis, followed by results for hypothesis, including results of tests of statistical significance)
- OTHER QUANTITATIVE ANALYSES AND FINDINGS [If Applicable]
 - Methods
 - Limitations
 - Results (including results of tests of statistical significance)
- PROCESS EVALUATION ACTIVITIES AND FINDINGS (PROJECT IMPLEMENTATION, PROJECT MANAGEMENT, PROJECT IMPACT, ETC.) [If Applicable]
 - Purpose
 - Approach
 - Procedures
 - Measures
 - Sample
 - Results
- QUALITATIVE (CASE) STUDIES AND FINDINGS [If Applicable]
 - Purpose
 - Approach
 - Procedures
 - Measures
 - Sample
 - Results
- PROGRAM COSTS AND COST EFFECTIVENESS [If Applicable]
- SUMMARY AND CONCLUSIONS
 - Integration of Findings from Hypothesis Testing, Other Quantitative Analyses, Process Evaluation, Qualitative Studies, and Cost Analysis
 - Limitations of Research (including statistical power limitations, if applicable)
 - Recommendations For Future Research
 - Recommendations For Future of Project
- DISCUSSION
 - What We Found That Worked
 - What Didn't Work
 - Problems That We Encountered

- Future Plans for the Project (including, if applicable, project modifications or enhancements directed at addressing “problems;” project expansion; project features that will be implemented in other projects)
- Recommendations for Other Counties Considering a Similar Project

- REFERENCES

ATTACHMENTS (Including Data Collection Instruments)

**BOARD OF CORRECTIONS
CORRECTIONS PLANNING AND PROGRAMS DIVISION
JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY
CHALLENGE GRANT II**

ANNUAL MONITORING REPORT

County:

Contract Number:

Project Title:

Fiscal Manager:

Project Manager:

Date of Monitoring:

Field Representative:

Project Summary:

A. ADMINISTRATIVE REVIEW

1. Did the county purchase equipment with contract funds during the monitoring period?
☐ N/A ☐ Yes ☐ No

If no, explain:

2. Does the county maintain time sheets on all staff charged to the contract? ☐ Yes ☐ No

Comments:

3. Are Progress Reports/Final Summary Report and Quarterly Financial Invoices current?
☐ Yes ☐ No

If no, explain and describe the action to be taken:

4. Were there any substantial modifications made that were not reported and approved on form CG002? Substantial changes are those which affect the design or scope of the project; compliance with the agreed-upon program evaluation component; individual budget line item changes over 10% of the amounts indicated for the individual line items identified in Exhibit B; and other significant program delivery components addressed in the project application and as specifically identified in Exhibit B. ☐ Yes ☐ No

If yes, what has changed and what action should be taken:

5. Did the county budget contain administrative overhead? ☐ Yes ☐ No

If yes, did it exceed the 10% amount allowed: ☐ Yes ☐ No

If yes, what percent was charged and what is the suggested action to be taken:

6. If applicable, have subcontracts been awarded? ☐ N/A ☐ Yes ☐ No

If yes, identify who the subcontractors are:

Have copies of the subcontract agreements been provided to BOC? ☐ Yes ☐ No

If no, explain:

7. When did the Juvenile Justice Coordinating Council last meet?

Are agenda and/or minutes available for all meetings? ☐ Yes ☐ No

8. Obtain the name and telephone number of a key contact person for entities (agencies, divisions, board of supervisors, etc.) with whom the project worked collaboratively.

Agency Name

Telephone Number

Contact Person

A.
B.
C.
D.
E.

9. Is a Recycling Certification available? ☐ Yes ☐ No

If no, explain:

Summary of comments made by agencies contacted:

B. PROGRAM REVIEW

1. Does the county maintain source documentation (case records, files, sign-up sheets, etc.) for clients served? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

2. Did the records reviewed provide sufficient detail to support information reported in Progress Reports and/or the Final Project Summary Report? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

3. Are all grant-funded positions, including match if applicable, filled and performing grant related duties? ☐ Yes ☐ No

If no, identify which position(s) have not been filled and why:

(Attach a listing of staff positions assigned to the grant.)

4. Is the county on schedule to meet its performance objectives as identified in Exhibit B? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

5. Has the county experienced operational or service delivery problems? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

6. How many new youth in the experimental and control group were served during the past three months?

Experimental Group:

Control Group:

C. FISCAL REVIEW

1. Were contract funds used to supplant existing programs or personnel? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

2. Does the county maintain an official budget file for the project? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

If yes, identify where the file is located and the name of the person responsible for maintaining the official budget file.

Location of the file:

Name of contact person:

Telephone:

3. Do fiscal accounting records appear to contain adequate supporting documentation? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

4. Does the source documentation appear to support and verify amounts claimed for reimbursement and match? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

5. Did the county purchase, with grant funds, any fixed assets over \$1,000 per item that were not specified in the contract or approved by the Board of Corrections? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

6. Do all expenditures meet contract eligibility? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

7. Were grant funds used for construction of facilities? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

8. Were grant funds used to pay expenses prior to the contract term? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

9. Were all BOC contract funds received by the county deposited into separate fund accounts/sub-accounts, which identify the funds and show the manner of their disposition? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

10. Did the county lease any equipment that has not already been reported to the BOC? ☐ Yes ☐ No

If yes, identify the equipment:

11. Has the county budgeted for a final audit? ☐ N/A ☐ Yes ☐ No

If no, explain and describe the action to be taken:

12. Did the general and subcontractor contracts have the required contract language? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

13. Does the county appear to have adequate and documented internal controls (policy and procedures)? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

D. PROGRAM REPLICATION

1. What did the county experience as the most difficult aspect to project implementation?

Explain and describe how the problems were resolved, if appropriate:

2. To date, what, if any, aspects of the program had the most significant impact?
3. To date, what, if any, aspects of the program had the least impact?
4. To date, what changes, if any, would you make to enhance the program?
5. To date, what suggestions, if any, would you make to someone wanting to replicate your program?

E. PROGRAM EVALUATION

1. Is the project tracking data on a continuous basis? ☐ Yes ☐ No

If no, explain and describe the action to be taken:

2. Is the project having any problems gathering the common data elements? ☐ N/A ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

3. Has the project experienced any problems with getting research subjects who fit the established criteria for program participation? ☐ Yes ☐ No

If yes, explain and describe the action to be taken:

4. Has the project experienced any problems with the random assignment procedures? ☐ N/A ☐ Yes ☐ No

5. Are all planned interventions on-line?

☐ Yes ☐ No

If no, explain and describe the action to be taken:

6. Is the project encountering any problems that will interfere with completion of the research as planned? ☐ Yes ☐ No

7. What types of data/information are you collecting beyond the scope of the evaluation/data requirements?

F. MONITORING RESULTS

- Has the county complied with BOC grant regulations? ☐ Yes ☐ No

If no, explain compliance findings:

If no, what corrective action is recommended to insure compliance with BOC requirements?

Comments/Observations:

G. ADDITIONAL INFORMATION/PROJECT HIGHLIGHTS

Board of Corrections Field Representative: _____

Reviewed and approved by: _____
Toni Hafey, Deputy Director
Corrections Planning and Programs Division

Date Approved: _____

**BOARD OF CORRECTIONS
CORRECTIONS PLANNING AND PROGRAMS DIVISION
JUVENILE CRIME ENFORCEMENT AND ACCOUNTABILITY
CHALLENGE GRANT II**

SITE VISIT REPORT

County:

Grant Contract Number:

Project Title:

Project Manager:

Fiscal Officer:

Field Representative:

Date of Site Visit:

Funding Level:

A. PROGRAM SUMMARY

B. ADMINISTRATIVE REVIEW

1. Does the project have a copy of the BOC Contact Administration Policy and Procedures Manual for Counties? ☐ Yes ☐ No
If no, date provided by the Field Representative: .
2. Does the project need Progress Report Forms/diskette? ☐ Yes ☐ No
If yes, date provided by the Field Representative:
3. Does the Juvenile Justice Coordinating Council continue to meet? ☐ Yes ☐ No
If no, why are they no longer meeting?

C. PROGRAM REVIEW

1. Is the project experiencing problems with program implementation or operations? ☐ Yes ☐ No
If yes, describe and explain the Technical Assistance (TA) provided:
2. Does the project have a source documentation system to track services provided to clients? ☐ Yes ☐ No
If yes, does it appear the source documentation system is sufficient to verify statistical data reported to BOC in progress reports? ☐ Yes ☐ No
If no, was TA provided to assist with the development of a source documentation tracking system? ☐ Yes ☐ No

3. Have all staff positions been filled? ☐ Yes ☐ No
If no, when does the project anticipate all positions will be filled?
4. Does the Project Manager have questions about preparing the progress report ☐ Yes ☐ No
If yes, describe the TA provided:
5. If available, interview staff assigned to the project. Based upon the interviews are staff performing project specific duties as stated in the grant proposal? ☐ Yes ☐ No
If no, explain:

If no, explain the TA provided to address this issue:
6. Review the monitoring process and monitoring report form with the Project Manager.
Does the Project Manager have a clear understanding of what will be evaluated and reviewed during a monitoring visit? ☐ Yes ☐ No
If no, is additional TA needed? ☐ Yes ☐ No
7. Does it appear the objectives for the project are obtainable? ☐ Yes ☐ No
If no, should objectives be modified? ☐ Yes ☐ No

D. FISCAL REVIEW

1. Does the Fiscal Officer need additional Invoice forms? ☐ Yes ☐ No
If yes, date provided:
2. Does the Fiscal Officer or his/her representative need TA in completing BOC invoices? ☐ Yes ☐ No
3. Does the county maintain an official budget file for the project? ☐ Yes ☐ No
If no, notify the Fiscal Officer or representative since this is a requirement of the grant:
Name of person notified:
Date notified:
4. Do county fiscal records appear to support amounts claimed for reimbursement and match? ☐ Yes ☐ No
If no, explain and describe the TA provided:
5. Did the project purchase any fixed assets over \$1,000 per item? ☐ Yes ☐ No
If yes, explain certification process to the Project Manager or representative and provide a copy of the BOC certification form.

6. Is the Fiscal Officer aware an audit is required for this grant? ☐ Yes ☐ No

Is the Fiscal Officer aware that as a cosigner to the contract, he/she or county auditors reporting to the Fiscal Officer cannot perform the audit? ☐ Yes ☐ No

If no, describe the TA provided:

7. Were any fiscal problems noted during the site visit? ☐ Yes ☐ No

If yes, describe and explain the TA provided:

E. PROGRAM EVALUATION

1. Is the project having problems gathering the common data elements? ☐ Yes ☐ No

If yes, describe the problem and the TA provided:

2. Is the project having problems that will interfere with the completion of the research planned? ☐ Yes ☐ No

If yes, explain:

If yes, is the project requesting TA from BOC research staff?

Comments:

F. SITE VISIT RESULTS

Comments/Observations:

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Date Approved: